



Supplemental Application Data Sheet

Application Information

Application number:: 10/812,156
Filing Date:: 03/29/04
Application Type:: Regular
Subject Matter:: Utility
Suggested Group Art Unit:: N/A
CD-ROM or CD-R?:: None
Sequence submission?:: None
Computer Readable Form (CRF)?:: No
Title:: PREPARATION OF METAL
MESOPORPHYRIN HALIDE COMPOUNDS
Attorney Docket Number:: WELLSP 3.0-002 CIP
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure:: Figure 1
Total Drawing Sheets:: 5
Small Entity?:: Yes
Petition included?:: No
Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Robert
Family Name:: Vukovich
City of Residence:: Holmdel
State or Province of Residence:: NJ
Country of Residence:: US
Street of mailing address:: 7 Taylor Run

City of mailing address:: Holmdel
State or Province of mailing address:: NJ
Country of mailing address:: US
Postal or Zip Code of mailing address:: 07733

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Benjamin
Family Name:: Levinson
City of Residence:: Montgomery
State or Province of Residence:: NJ
Country of Residence:: US
Street of mailing address:: 91 Dead Tree Run Road
City of mailing address:: Montgomery
State or Province of mailing address:: NJ
Country of mailing address:: US
Postal or Zip Code of mailing address:: 08502

Applicant Authority Type:: Inventor
Primary Citizenship Country:: United Kingdom
Status:: Full Capacity
Given Name:: George S.
Middle Name:: S.
Family Name:: Drummond
City of Residence:: New York
State or Province of Residence:: NY
Country of Residence:: US
Street of mailing address:: 304 West 75th Street
City of mailing address:: New York
State or Province of mailing address:: NY
Country of mailing address:: US

Postal or Zip Code of mailing address:: 10023

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Robert
Family Name:: Caroselli
Name Suffix:: R.ph
City of Residence:: East Brunswick
State or Province of Residence:: NJ
Country of Residence:: US
Street of mailing address:: 5 Independence Drive
City of mailing address:: East Brunswick
State or Province of mailing address:: NJ
Country of mailing address:: US
Postal or Zip Code of mailing address:: 08816

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given Name:: Kazimierz
Middle Name:: G.
Family Name:: Antczak
City of Residence:: Culver
State or Province of Residence:: IN
Country of Residence:: US
Street of mailing address:: ~~545 South Shore Drive~~
7824 Blue Heron Ct.
City of mailing address:: Culver
State or Province of mailing address:: IN
Country of mailing address:: US
Postal or Zip Code of mailing address:: 46511

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given Name:: Christopher
Family Name:: Boucher
City of Residence:: Newmarket
Country of Residence:: Canada
Street of mailing address:: 37 Harrsion Drive
City of mailing address:: Newmarket
State or Province of mailing address:: ON
Country of mailing address:: Canada
Postal or Zip Code of mailing address:: L3Y4P3

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given Name:: Richard
Family Name:: Mortimer
City of Residence:: Toronto
Country of Residence:: Ontario
Street of mailing address:: 98 Glenvale Boulevard
City of mailing address:: Toronto
State or Province of mailing address:: ON
Country of mailing address:: Canada
Postal or Zip Code of mailing address:: M4G2V9

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given Name:: Danny
Family Name:: Levin

City of Residence:: Toronto
Country of Residence:: Canada
Street of mailing address:: 27 McGlashan Court
City of mailing address:: Toronto
State or Province of mailing address:: ON
Country of mailing address:: Canada
Postal or Zip Code of mailing address:: M5M 4M6

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given Name:: Keith A.
Middle Name:: A.
Family Name:: Cooke
City of Residence:: Milton
Country of Residence:: Canada
Street of mailing address:: 470 Gowland Cres.
City of mailing address:: Milton
State or Province of mailing address:: ON
Country of mailing address:: Canada
Postal or Zip Code of mailing address:: L9T 4ES

Correspondence Information

Correspondence Customer Number:: 000530
Phone number:: (908) 518-6388
Fax number:: (908) 654-7866
E-Mail address:: sservilla@ldlkm.com

Representative Information

Representative Customer Number:: 000530

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation-in-part of	10/453,815	06/03/03
10/453,815	An application claiming the benefit under 35 USC 119(e)	60/385,498	06/04/02

Assignee Information

Assignee name:: WellSpring Pharmaceutical Corporation
 Street of mailing address:: 1430 State Route 34
 City of mailing address:: Neptune
 State or Province of mailing address:: NJ
 Country of mailing address:: US
 Postal or Zip Code of mailing address:: 07753-6807